



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$636455640
Outpatient Patient Service Revenue	\$738732801
Total Gross Patient Service Revenue	\$1375188441

2. Deductions From Revenue

Contractual Allowance	\$949409126
Other Deductions	\$49295724
Total Deductions	\$998704850

3. Total Operating Revenue

Net Patient Service Revenue	\$376483591
Other Operating Revenue	\$10459707
Total Operating Revenue	\$386943298

4. Operating Expenses

Salaries and Wages	\$126459533	Employee Benefits	\$34722242
Depreciation and Amortization	\$22490357	Interest Expense	\$8638801
Bad Debt	\$8559025	Other Expenses	\$134817077
Total Operating Expenses	\$335687035		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51256263	Total Assets	\$400598618
Net Non-operating Gains over Loss	\$403027	Total Liabilities	\$39328304

Total Net Gains	\$51659290
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$670413572	\$543978877	\$126434695
Medicaid	\$209478262	\$154437417	\$55040845
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$495296607	\$300288556	\$195008051
Total	\$1375188441	\$998704850	\$376483591

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1029787	\$-1029787

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5817444	\$8056014	\$-2238570
Hospital Patients	\$0	\$0	\$0
Community Education	\$208515	\$1027607	\$-819092

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	17758

Statement Six: Charity Statement
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Hospital Charity Charges	\$49295724
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10651944	
HCI Payments	\$0		
Subtotal	\$0	\$10651944	\$-10651944
Medicaid Shortfalls	\$53221712	\$62761230	
Subtotal	\$53221712	\$73413174	\$-20191462
DSH Payments	\$0		
Subtotal	\$53221712	\$73413174	\$-20191462
Medicare Shortfalls	\$122786097	\$142504199	
Other Government Programs	\$0	\$0	
Total	\$176007809	\$215917373	\$-39909564

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$557678	\$1711134	\$-1153456

Comments

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